

**Work Order ID 96186**

January-23-13 1:13:25 PM

**\*96186\***

Page 1

Item ID: D3195-043

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Bracket Assembly

Stop

**\*NS2\***

Start Date: 1/21/13

Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 2/08/13

Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan:

*JL*Date: *13/01/13*

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100 <b>*100*</b> Bandsaw Jeaspa Bandsaw	BAND SAW Memo Cut blanks: (1.250" x 1.500") x 3.60" long	0.00	<i>FK</i>	<i>13/02/04</i>		<i>4</i>	<i>Ø</i>		
110 <b>*110*</b> HAAS 1 HAAS CNC vertical machine #1	HAAS CNC VERTICAL MACHINING #1 Memo 1-Machine D3195-3 as per Folio FA334 and Dwg D3195 Identify as D3195-32-Deburr	0.00	<i>FK</i>	<i>13/02/04</i>		<i>4</i>	<i>Ø</i>		
120 <b>*120*</b> QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00	<i>FK</i>	<i>13/02/04</i>		<i>4</i>	<i>Ø</i>		

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**Work Order ID 96186**

January-23-13 1:13:25 PM

**\*96186\***

Page 2

Item ID: D3195-043

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Bracket Assembly

Stop

**\*NS2\***

Start Date: 1/21/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:		Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC	QC8- Inspect parts - second check Memo	0.00	B-A	13/02/05		4	0		DAS 08 9-89

140 <b>*140*</b> HandFinish	Chemical Conversion Coat per QSI005 4.1 Memo	0.00							
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150 <b>*150*</b> Powdercoat	Grey Sandtex (Ref 4356) per QSI005 4.3 M100466 Memo	0.00							
	START TIME: 9:30 FINISH TIME: 10:00	0.00							
	OVEN TEMPERATURE:								

4 7B 13-2-6

4 8 13-2-11

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

**Work Order ID 96186****\*96186\***

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Item ID:	D3195-043	Accept	<b>*N900040100*</b>	Setup	Start	<b>*NS1*</b>	
Revision ID:					Stop	<b>*NS2*</b>	
Item Name:	Bracket Assembly						
Start Date:	1/21/13	Start Qty:	4.00	<b>*4*</b>	Cust Item ID:		
Required Date:	2/08/13	Req'd Qty:	4.00	<b>*4*</b>	Customer:		
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:	Stop		<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> QC Quality Control	QC3- Inspect Part Finish Memo	0.00 Sinf				4			
170 <b>*170*</b> Small Fab	Small Fab Memo	0.00 B211				4			FF 13-02-20
Small Fab	1-Lightly Sand bonding surface2-Bond D3195-7 into D3195-13as per Dwg D3195A/RContact Cement <u>7124297</u>								
180 <b>*180*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 Sinf				4			
		0.00 B220							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/>

**Work Order ID 96186**

January-23-13 1:13:25 PM

**\*96186\***

Page 4

Item ID: D3195-043

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Bracket Assembly

Stop

**\*NS2\***

Start Date: 1/21/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

Identify as per dwg &amp; Stock Location:

S-24/6A 0.00

**\*190\***

Packaging

Packaging

Memo

0.00

4X

S-  
13-220

200

QC21- Final Inspection - Work Order Release

0.00

**\*200\***

QC

Quality Control

Memo

0.00

MLJ 13-02-21

PL 13-02-21

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instruction Is Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/>			
										<input type="checkbox"/> Other			

## Picklist Print

January-23-13 1:13:25 PM

Page 1

**Work Order ID:** 96186

**Parent Item:** D3195-043

**Parent Item Name:** Bracket Assembly

**Start Date:** 1/21/13

**Required Date:** 2/08/13

**Start Oty:** 4.00

**Required Qty:** 4.00

Comments: IPP Rev:A New Issue 05-11-08 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3195-7 Pad		Manufactured	No			100	Each	17.0000	1	4		FF 13-02-20	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		17							
				73040		1							
				<u>83705</u>		16							
M6061T6B1.500X01.250 6061-T6 Bar 1.50 x 1.25		Purchased	No			170	f	9.1688	0.3	1.263158			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT003		9.1688419							
				123649		9.1688419							
				<u>124443</u>									
									1.263	Fk 13/02/04			

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

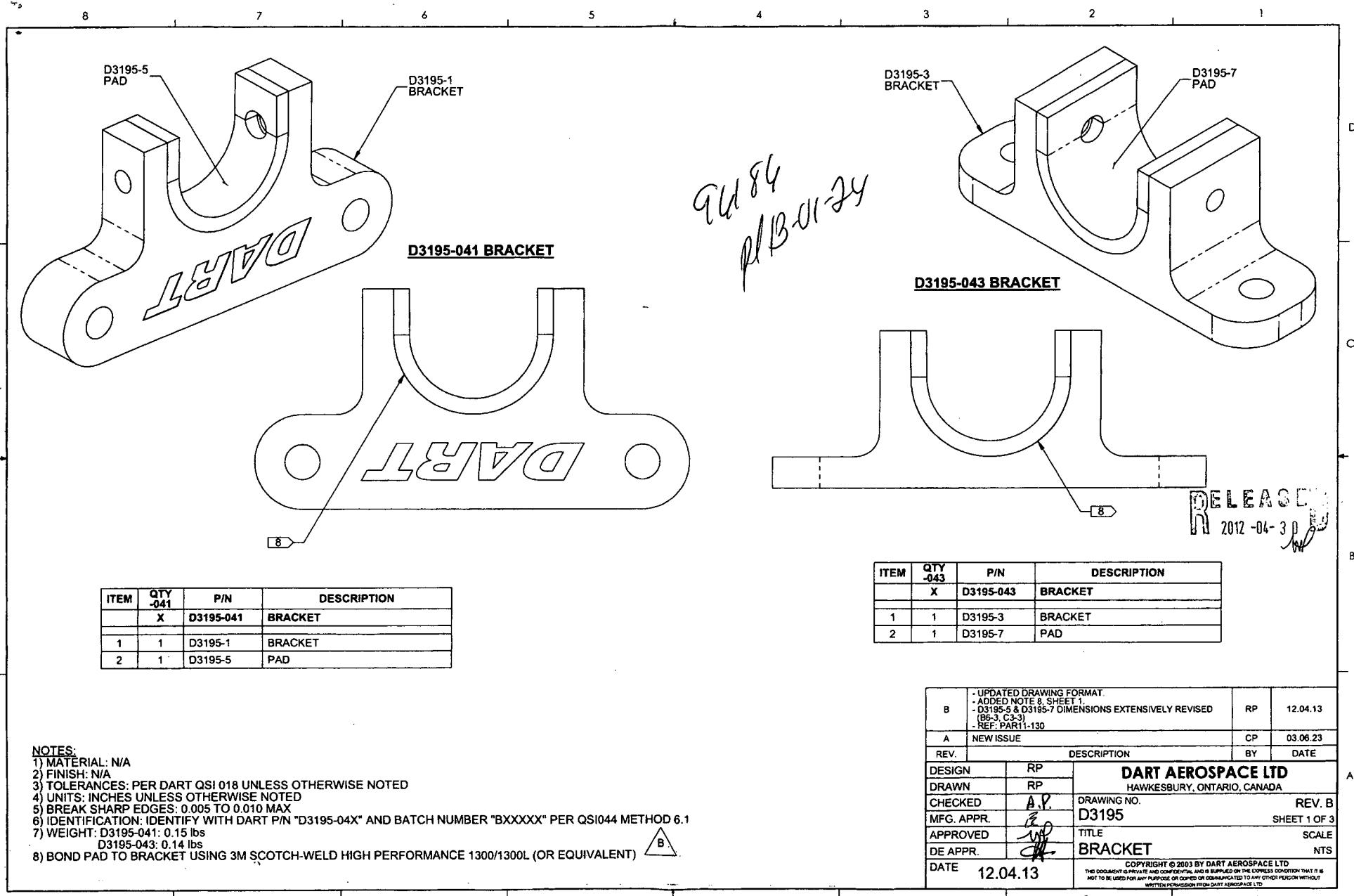
Work Order: _____			DISPOSITION				AGAINST DEPARTMENT/PROCESS														
Part No. _____			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector								
Doc/Data																					
Equip/Tooling																					
Operator																					
Material																					
Setup																					
Other																					
Process																					
Supplier																					
Training																					
Unapproved																					
FAULT CATEGORY																					
Landing Gear				General																	
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>						
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>														
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>														
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>														
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>														
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>														
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>												
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												

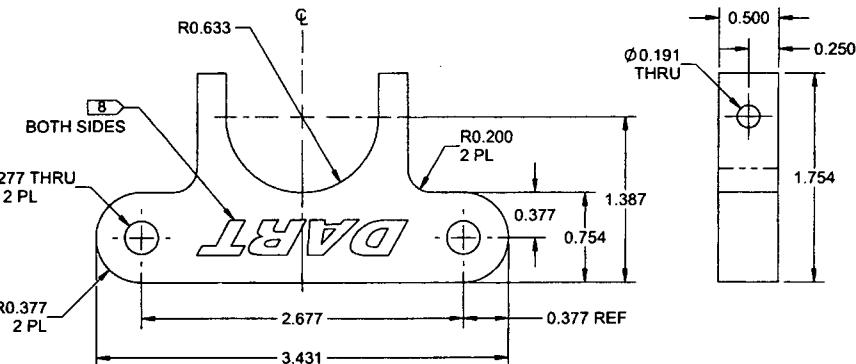
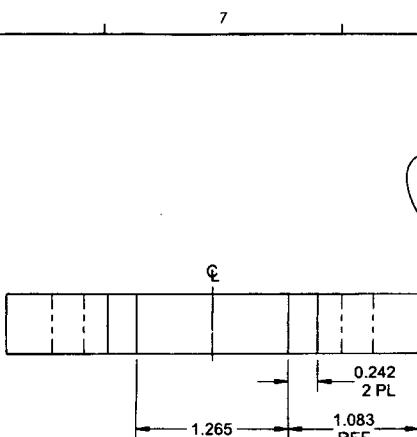
DART AEROSPACE LTD	Work Order:	96184
Description: Bracket	Part Number:	D3195-3
Inspection Dwg: D3195 Rev: B		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	F.K.	Audited by:	J.A. DAS	Preliminary Approval:	
Date:	13/02/04	Date:	13/02/05 9-89	Date:	

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
A	04.04.20	New Issue (P/O D412-702-011/-013)	KJ/RF	
B	05.04.26	R0.37 was R0.037; 1.084 removed	KJ/JLM	
C	12.05.14	Dwg Rev updated	KJ	 

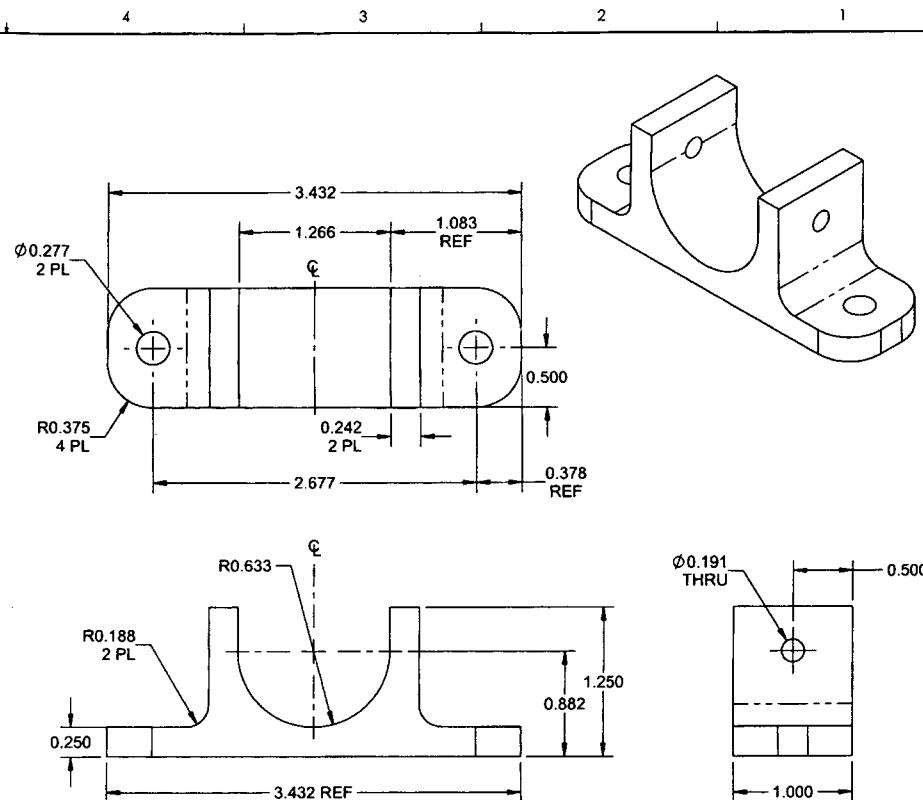




D3195-1 BRACKET

NOTES:

- 1) MATERIAL: 6061-T6/T651 PER QQ-A-200/8 OR QQ-A-225/8 OR  
ASTM B211 OR ASTM B221  
REF. DART SPEC. M6061T6B
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT GREY SANTEX (4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: D3195-1 0.15 lbs  
D3195-3 0.14 lbs
- 8) ENGRAVE DART LOGO AS SHOWN USING 0.28 HIGH X 0.005 DEEP LETTERING (TYPICAL BOTH SIDES)



D3195-3 BRACKET

2012-04-30  
APR

DESIGN	RP	DART AEROSPACE LTD	
DRAWN	RP	HAWKESBURY, ONTARIO, CANADA	
CHECKED	A.P.	DRAWING NO. REV. B	
MFG. APPR.		D3195	SHEET 2 OF 3
APPROVED	J.W.	TITLE	SCALE
DE APPR.	#	BRACKET	NTS
DATE	12.04.13	COPYRIGHT © 2003 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

8 7 6 5 4 3 2 1

D

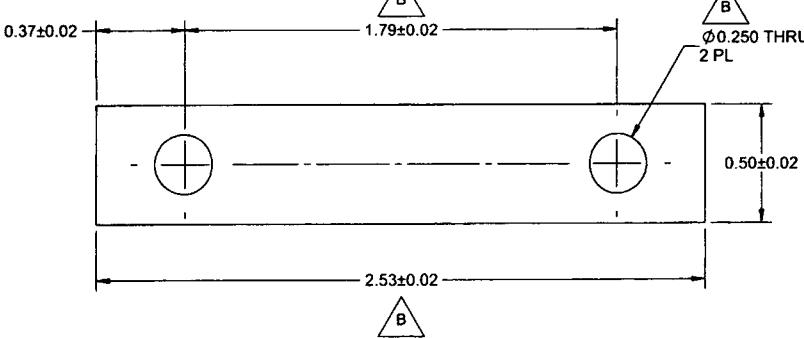
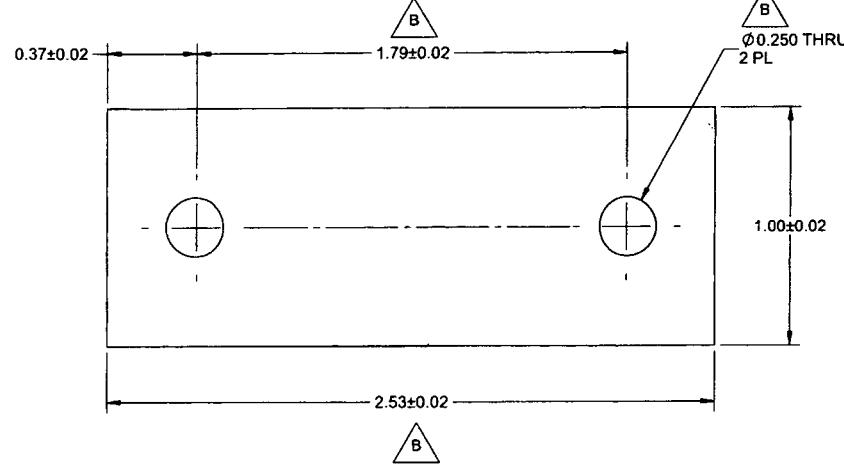
D

C

C

B

B

D3195-5 PADD3195-7 PAD

RELEASED  
2012-04-30  
JUL 84

A

A

## NOTES:

- 1) MATERIAL: BLACK NEOPRENE SHEET, 1/8" THICK, 60 DUROMETER (REF DART SPEC M-NEO60-S.125)
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: LESS THAN 0.01 lbs

8 7 6 5 4 3 2 1

DESIGN	RP	DART AEROSPACE LTD	
DRAWN	RP	HAWKESBURY, ONTARIO, CANADA	
CHECKED	A.P.	REV. B	
MFG. APPR.	E.C.	D3195	SHEET 3 OF 3
APPROVED	J.W.	TITLE	SCALE
DE APPR.	J.W.	BRACKET	NTS
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